United General Hospital Policy/Procedure

Financial Assistance/Sliding Fee Scale Policy

Patient Accounts 14600 (Rev: 4)**Draft**

Policy: United General Hospital is committed to the provision of health care services to all persons in need of medical attention regardless of their ability to pay. Financial Assistance/Sliding Fee Scale will be granted to all persons regardless of race, color, sex, religion, age, or national origin. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of Financial Assistance/Sliding Fee Scale, with the requirements of WAC 246-453, are established. This criteria will assist staff in making consistent and objective decisions regarding the eligibility for Financial Assistance/Sliding Fee Scale while ensuring the maintenance of a sound financial base. Additionally, the hospital has agreed to comply with the WSHA voluntary efforts on billing to the uninsured. All Financial Assistance/Sliding Fee Scale write offs will be approved by the Director, Patient Financial Services and/or Patient Accounts Supervisor.

Procedure:

COMMUNICATIONS TO THE PUBLIC

United General Hospital's Financial Assistance Policy shall be made publicly available through the following elements:

1. Notices posted or prominently displayed within public areas of the hospital advising patients that financial assistance is provided.

2. Written notices are provided to all patients as part of the admitting/registration process.

3. Written and verbal communication with patients at the time the hospital requests information from the responsible party with regard to the availability of any third-party coverage.

4. Both written information and verbal explanation is available in any language spoken by more than ten percent of the population in the hospital's service area, and interpreted for other non-English or limited-English speaking or other patients who can not read or understand the writing and explanation. The hospital finds that the following non-English transition of this document shall be made available: Spanish.

ELIGIBILITY CRITERIA

Financial Assistance is generally secondary to all other financial resources available to the patient, including all other third party payment sources. The guidelines used as criteria will include but not be limited to the following:

1. Persons eligible for Financial Assistance/Sliding Fee Scale will be comprised of those deemed to have undue financial hardships, considering income, resources, and obligations as determined by the hospital, that make them unable to pay for all or a portion of their medical care. Such consideration will include a review of gross income and family size, and may also include other pertinent factors peculiar to each financial assistance request; such as net worth (including short and long term debts and liabilities) for those above 100% of the current federal poverty guidelines.

2. The full amount of hospital charges will be determined to be Financial Assistance/Sliding Fee Scale for any patient whose gross family income is at or below 125% of the current federal poverty guidelines.

3. The following sliding fee schedule shall be used to determine the amount which shall be written off for patients with income levels between 126% and 300% of the current federal poverty level:

126% -- 150%	Ninety percent (90%) Financial Assistance/Sliding Fee Scale
151% -- 175%	Seventy-five percent (75%) Financial Assistance/Sliding Fee Scale
176% -- 200%	Sixty percent (60%) Financial Assistance/Sliding Fee Scale
201% -- 225%	Forty-five percent (45%) Financial Assistance/Sliding Fee Scale
226% -- 250%	Thirty percent (30%) Financial Assistance/Sliding Fee Scale
251% -- 300%	Twenty-five percent (25%) Financial Assistance/Sliding Fee Scale

The responsible party's financial obligation which remains after the application of the sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party.

4. Applicants residing in a nursing home, long term care facility, or custodial care facility with a disposable income of less than $150 per month may qualify for Financial Assistance/Sliding Fee Scale even if their income exceeds the guideline limit but is used for their principal care.

5. Prima Facie Write Offs: The hospital may choose to grant Financial Assistance/Sliding Fee Scale based solely on the initial determination. In such cases, the hospital will not complete full verification or documentation of any request.

6. Catastrophic Financial Assistance: The hospital may write off as Financial Assistance amounts for patients with family incomes in excess of the sliding fee schedule when circumstances indicate severe financial hardship or personal loss.

7. Financial assistance may cover necessary or emergency medical treatment, received in the hospital inpatient or outpatient setting. Services not qualifying under financial assistance may include transportation costs, elective procedures, or separately billable professional services provided by the hospital's medical staff.

ELIGIBILITY DETERMINATION

The hospital will make an initial determination of eligibility based on verbal or written application for Financial Assistance/Sliding Fee Scale. Pending final eligibility determination, the hospital will not initiate collection efforts or requests for deposits, provided the responsible party is cooperative with the

hospital's efforts to reach a determination of sponsorship status, including return of applications and documentation within fourteen (14) days of receipt.

1. The hospital shall use an application process for determining initial interest in and qualification for Financial Assistance/Sliding Fee Scale. The hospital will not impose application procedures for Financial Assistance which place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures. Should patients not choose to apply for Financial Assistance/Sliding Fee Scale, they shall not be considered for Financial Assistance/Sliding Fee Scale unless other circumstances or intent become known to the hospital.

2. The failure of a responsible party to reasonably complete appropriate application procedures shall be sufficient grounds for the hospital to initiate collection efforts directed at the patient. Such efforts may include assignment of the account balance to an outside collection agency. As a public hospital district, United General Hospital may apply RCW 19.16.500 to assigned collection agency balances.

3. Requests to provide Financial Assistance/Sliding Fee Scale will be accepted from sources such as a physician, community or religious groups, social services, financial services personnel, or the patient. If the hospital becomes aware of factors which might qualify the patient for Financial Assistance/Sliding Fee Scale under this policy, it shall advise him or her of the potential and make an initial determination that such account is to be treated as Financial Assistance/Sliding Fee Scale.

4. In the event that a responsible party pays a portion or all of the charges related to appropriate hospital-based medical care services, and is subsequently found to have met the Financial Assistance criteria at the time services were provided, any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty days of achieving the Financial Assistance designation.

FINAL DETERMINATION

The hospital will exercise the following options in making the final determination for Financial Assistance/Sliding Fee Scale:

1. Financial Assistance/Sliding Fee Scale forms shall be furnished to patients when Financial Assistance/Sliding Fee Scale is requested, when indicated, or when financial screening indicates potential need. All applications whether initiated by the patient or the hospital should be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purposes of verifying income:

- W2 withholding statements for all employment during the relevant time period.
- Pay stubs from employment prior to the date of requests.
- An income tax return from the most recently filed calendar year.
- Forms approving or denying eligibility for Medicaid and/or state funded medical assistance.
- Forms approving or denying unemployment compensation.
- Written statements from employers or welfare agencies.

2. Patients will be asked to provide verification or eligibility for Medicaid or Medical Assistance. During the initial request period, the hospital may pursue other sources of funding, including Medicaid.

3. Income shall be annualized from the date of application based upon documentation provided and upon verbal information provided by the patient. The annualization process will be determined by the hospital and will take into consideration temporary increases and/or decreases of income.

4. In the event that the responsible party is not able to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.

The hospital shall provide final determination within fourteen (14) days of receipt of the application and documentation.

DENIAL

When a patient's application for Financial Assistance is denied, the patient will receive a written notice of denial which includes:

- The reason or reasons for the denial and the rules to support the hospital's decision;
- The date of the decision; and
- Instructions for appeal or reconsideration.

When the applicant does not provide requested information and there is not enough information available for the hospital to determine eligibility, the denial notice also includes:

- A description of the information that was requested and not provided, including the date the information was requested;
- A statement that eligibility for Financial Assistance cannot be established based on information available to the hospital; and
- That eligibility will be determined if, within thirty days from the date of the denial notice, the applicant provides all specified information previously requested but not provided.

The Director, Patient Financial Services and/or Chief Financial Officer will review all appeals. If this determination affirms the previous denial, written notification will be sent to the patient or guarantor and the Department of Health in accordance with WAC 246-453-020, section (9) (c).

DOCUMENTATION AND RECORDS

Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form. Documents pertaining to Financial Assistance/Sliding Fee Scale shall be retained for five (5) years.

Referenced Documents

Reference Type		Title	Notes
Signed by	(unsigned) Mike Bonthuis	**Reviewers**	Bonthuis, Mike
Draft Issued	11/14/2006	**Document Owner**	Becker, Brad

Paper copies of this document may not be current and should not be relied on for official purposes. The

current version is in Lucidoc at .
https://www.lucidoc.com/cgi/doc-gw.pl/ref/ugh_p:14600